MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535099 APPLICANT(S) FILING DATE ●

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
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10		2		1			60						
11	1		1				61						
12		1					62						
13		2		1			63						
14		2		1			64						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		2 ↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		22 ←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS			24				TOTAL CLAIMS						

PTO-1360 (REV. 9/03)

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